Attorney Docket No.

BIRCH, STEWART, KOLASCH & BIRCH, LLP 3313-0465P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Insert Title:

Fill in Appropriate Information -

For Lies Without

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

DATABASE EXPANDING SYSTEM AND METHOD

the specification of which is attached hereto. If not attached hereto,

the specification was filed on _____

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Specification	and amended o	n			(if applicable)	and/or			
Attached:	the specification	n was filed on		as PCT					
j. de	International A	pplication Number	er	; and was					
	amended under PCT Article 19 on								
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Ido not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year print or bits application, that the same was not in public use or on sale in the United States of America more than one year								
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()	very for for this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filled by me or my lega representative or assigns more than twelve months (sky months for designe) prior to this application, and that no application to palent or inventor's certificate on this invention has been filled in any country foreign to the United States of America prior to this application.								
Ξ	patent or inventor's certificate on this invention has been filed in any country loreign to the United States of America prior to this application by me or my legal propersinatives or assigns, except as follows. Application by me or my legal prepresentatives or assigns, except as follows. On the other properties of any foreign application for any foreign application for patent or inventor's certificate listed below any thick priority is calimed:								
Service .									
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int.	Prior Foreign App	lication(s)			Priority (Claimed			
Insert Priority					r=	_			
Information: (if appropriate)	07 1 7	(01)		(Month/Day/Year File	d) Yes	LJ No			
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	(Number)	(Country)		(Month/Day/Year File	d) Yes	No			
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	(Niverban)	(Country)		(Month/Day/Year File	d) Yes	□ No			
	(Number) (Country)								
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional									
Application(s): (if any)	(Application Number	er)		(Filing Date)					
	(Application Number)			(Filing Date)					
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Date of F	iling (Month/Day/Year)				
Insert Requested Information: (if appropriate)									
(a appropriate)	The state of the s								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragrap for file 53, United States Code, §12,2 i acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of the supplication.								
Insert Prior U.S.									
Application(s): (if any)	(Application Numb	er)	(Filing Date)	(Status -	patented, pending, abandor	ned)			
	(Application Numb	er)	(Filing Date)	(Status -	patented, pending, abandor	ned)			
Page 1 of 2		•		•					

PLEASE NOTE: YOU MUST COMPLETE

FOLLOWING: o

Puli Name of Second heromor, if any: see above

Full Name of Third Inventor, if any: see above

Full Name of Fourth Inventor, if any: see above

Full Name of Fifth Inventor, if any: see above

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Attorney Docket No. 33,13-04,65p
I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to international application based on the application and to international application based on the application to the international application based on the application based on the application based on the application based on the below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contary:

Raymond C Swart Amends Ame

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
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Send Correspondence to:

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Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
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Residence (City, State & Country)		CITIZENSHI	P	
POST OFFICE ADDRESS (Complete Street	Address including City, State & Countr	y)		
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GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*	
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Residence (City, State & Country)	CITIZENSHIP			
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